DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

March 21, 2005

Dear Colleague,

In light of the recent launch of a national consumer marketing campaign for an HPV DNA test sponsored by Digene (manufacturer of the Hybrid Capture II HPV test), this is an appropriate time to highlight some key public health points about HPV and cervical cancer. While the campaign about the HPV test will largely impact cervical cancer prevention programs and activities, questions may also be directed to STD and family planning clinics. The campaign materials can be found at www.thehpvtest.com.

If you get questions, it will be important to reassure patients and providers that there have been no changes from any professional organization in the recommendations regarding the importance, timing or use of Pap tests. The attached table summarizes the cervical cancer screening recommendations from the American Cancer Society (ACS), the U.S. Preventive Services Task Force (USPSTF) and from the American College of Obstetricians and Gynecologists (ACOG). It also summarizes their guidance on the use of new technology for cervical cancer screening, as well as that of the American Society for Colposcopy and Cervical Pathology (ASCCP).

Additionally, this may be an opportune time to answer questions from patients about HPV transmission and prevention. Our research is showing that health-care providers are the best and most trusted source of information for women about HPV and cervical cancer screening. The interaction between providers and women patients may be the most important factor in determining whether a woman participates in routine screening and adheres to recommended follow-up care. Therefore, it is important for health care providers to emphasize:

- HPV is a very common virus that is transmitted during sex. Most sexually active adults will have it at some point in their lives; most will never know it because it usually has no symptoms and goes away on its own without causing any problems.

- Most women who are sexually active will get HPV at some point, but very few women with HPV will develop cervical cancer. Persistent infection is the most important risk factor for cervical cancer.

- HPV is not new, but it is only in the last decade that its link to cervical cancer has been widely accepted by the scientific community.

- Individual strategies to prevent genital HPV infection include:

  - Abstinence from genital contact with others

  - For those who are sexually active, a long-term mutually-monogamous relationship with an uninfected partner

- For those who are sexually active and not in a long-term mutually monogamous relationship, reducing the number of sex partners and choosing partners less likely to be infected (partners who have had no or few prior sex partners)

- Available scientific evidence suggests the effect of condoms in preventing HPV infection is unknown, but condom use has been associated with lower rates of the HPV-associated diseases of genital warts and cervical cancer.

- Available scientific evidence is not sufficient to recommend condoms as a primary prevention strategy for the prevention of genital HPV infection, but it does indicate that the use of condoms may reduce the risk of cervical cancer.

- Regular cervical cancer screening for all sexually active women and treatment of precancerous lesions remains the key strategy to prevent cervical cancer.

- The Pap test is the gold standard for cervical cancer screening, and has been one of the most successful public health programs in the United States. In the past 40 years, widespread cervical cancer screening using the Pap test has resulted in a dramatic reduction in the number of cervical cancer cases and deaths. Most women today who get cervical cancer have not been screened or rarely been screened using a Pap test, or have not had proper follow-up after an abnormal test.

CDC's HPV webpage (http://www.cdc.gov/std/hpv/default.htm) is a good source of HPV information for patients and health care providers. Downloadable fact sheets and clinical information can help providers inform patients about HPV infection and answer questions that may arise from the media campaign.

Sincerely,

John M. Douglas, Jr., MD
Director, Division of STD Prevention

Attachment

Table 1. Cervical Cancer Screening Guidelines

	American Cancer Society[1] (ACS, Nov 2002)	U. S. Preventive Services Task Force[2] (USPSTF, Jan 2003)	American College of Obstetricians and Gynecologists[3] (ACOG, Aug 2003)
When to start	Approximately 3 years after onset of vaginal intercourse, but no later than age 21	Within 3 years of onset of sexual activity or age 21, whichever comes first	Approximately 3 years after onset of sexual intercourse, but no later than age 21
Intervals			
Conventional Pap test	Annually; every 2-3 years for women ≥30 with 3 negative cytology tests*	At least every 3 years	Annually; every 2-3 years for women ≥30 with 3 negative cytology tests*
If liquid-based cytology used**	Every 2 years; every 2-3 years for women ≥30 with 3 negative cytology tests*	Insufficient evidence	Annually; every 2-3 years for women ≥30 with 3 negative cytology tests*
If HPV testing used**	Every 3 years if HPV negative, cytology negative	Insufficient evidence	Every 3 years if HPV negative, cytology negative
When to stop	Women ≥70 years with ≥3 recent, consecutive negative tests & no abnormal tests in prior 10 years*	Women >65 years with negative tests, who are not otherwise at high risk for cervical cancer	Inconclusive evidence to establish upper age limit
Post total hysterectomy	Discontinue if for benign reasons & no prior history of high-grade CIN*	Discontinue if for benign reasons	Discontinue if for benign reasons & no prior history of high-grade CIN*

*Some exceptions apply (e.g., women who are immunocompromised, have a history of prenatal exposure to DES, etc.). See guidelines for details.
** See Table 2 (entitled "Recommendations for Liquid-Based Cytology and HPV Testing") for recommended use.

[1] Saslow D, et al. American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA Cancer J Clin 2002; 52*: 342-362. Available at: http://caonline.amcancersoc.org/cgi/content/full/52/6/342
[2] USPSTF. *Screening for Cervical Cancer.* Jan 2003. Available at: http://www.ahcpr.gov/clinic/uspstf/uspscerv.htm
[3] ACOG. Cervical Cytology Screening. ACOG Practice Bulletin No. 45. *ACOG* 2003;*102*: 417-427. See also: http://www.acog.org/from_home/publications/press_releases/nr07-31-03-1.cfm

Table 2. Recommendations for Liquid-Based Cytology and HPV Testing

	American Society for Colposcopy and Cervical Pathology[1] (ASCCP, Apr 2002)	American Cancer Society[2] (ACS, Nov 2002)	U. S. Preventive Services Task Force[3] (USPSTF, Jan 2003)	American College of Obstetricians and Gynecologists[4] (ACOG, Aug 2003)	American Society for Colposcopy and Cervical Pathology, and American Cancer Society[5] (ASCCP & ACS, Feb 2004)
Liquid-based cytology	--	Option	Insufficient Evidence	Option	--
HPV testing					
Women with ASC-US (reflex testing)	Recommended, Guidance Provided[1]	Option[6]	Insufficient Evidence	Option	--
Women ≥30 years (adjunct to Pap test)	--	Option	Insufficient Evidence	Option	Recommended, Guidance Provided[5]

[1] Wright TC, et al. 2001 Consensus Guidelines for the Management of Women with Cervical cytological abnormalities. *JAMA*;2002: 287: 2120-2129. See also: http://www.asccp.org/consensus.shtml

[2] Saslow D, et al. American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA Cancer J Clin* 2002*; 52*: 342-362. Available at: http://caonline.amcancersoc.org/cgi/content/full/52/6/342

[3] USPSTF. *Screening for Cervical Cancer.* Jan 2003. Available at: http://www.ahcpr.gov/clinic/uspstf/uspscerv.htm

[4] ACOG. Cervical Cytology Screening. ACOG Practice Bulletin No. 45. *ACOG* 2003; 102: 417-427. See also: http://www.acog.org/from_home/publications/press_releases/nr07-31-03-1.cfm

[5] Wright TC, et al. Interim Guidance for the Use of Human Papillomavirus DNA Testing as an Adjunct to Cervical cytology for screening. *Obstet Gynecol*. 2004; 103: 304-309.

[6] ACS. Patient Pages: Early Detection of Cervical Cancer. *CA Cancer J Clin*, 2002; 52: 375 - 376. See also: http://caonline.amcancersoc.org/cgi/content/full/52/6/375